

Important message about denials

The ProviderOne payment system allows program policy to be enforced. DSHS is always the payer of last resort. The previous SSPS system did not have the ability to check for Managed Care, Medicare or Medicaid (Apple Health) coverage. ProviderOne has this ability and enforces the policy, requiring other options to be exhausted prior to paying the claim with the social service authorization number.

Medicare Denials

Claims may deny for clients with Medicare. If Medicare might cover the item or service, Medicare must be billed first. If Medicare denies coverage of the item or service, then social services could pay. Not all codes require verification that Medicare has denied the item or service. We will be updating our website with additional information about which codes require a Medicare denial. Additionally, we will add instructions for how to include the Medicare denial when submitting the claim.

Managed Care Denials

Some claims have denied due to Managed Care coverage. If Managed Care might cover the item or service, approval from Managed Care must be sought before the item or service is provided. If Managed Care denies coverage of the item or service, then social services could pay. If the claim is missing the authorization number or the authorization doesn't match the client ID, the managed care denial reason may appear. If you received a denial, check your claim for these items and resubmit.

There was a brief system error that caused some claims to be denied for managed care. Those claims have been reprocessed. If you have a claim that has not been reprocessed, contact the BASS team at the contact information below.

Medicaid State Plan

If a client has Medicaid State Plan (Apple Health) coverage, the client's Medicaid State Plan benefit should be billed first. If the client's Medicaid State Plan limit for the item has been reached, or if the item or service is not covered by the Medicaid State Plan benefit, then social service could pay.

Referring Provider

DME must bill in a HIPAA compliant manner, which requires the NPI for the referring professional. Case managers and family may recommend a need, and then the appropriate professional will need to prescribe or write the order for the item. The prescribing professional's NPI is needed on the claim. A DME provider's NPI is not allowed in this field.

If you have questions about a denial or how to submit your claim, please contact the BASS team at 1-800-562-3022, after the initial messages, press 5 for Provider Services, then 1 for Social Services. Or, you can email BASS@dshs.wa.gov